



OFFICE OF THE GOVERNOR
STATE OF CONNECTICUT

Governor's Task Force on Housing and Supports for Vulnerable Populations
September 27, 2019, 10:30 am – 12:00 pm
LOB Room 2E
Meeting Minutes

Task Force Members Present*

Office of the Governor	Senior Coordinator for Housing/TOD Lisa Tepper Bates
Department of Aging and Disability Services	Commissioner Amy Porter
Court Support Services Division, Connecticut Judicial Branch	Executive Director Gary Roberge
Department of Children and Families	Kenneth Cabral
Department of Correction	Director of Reentry Services William Murphy
Department of Developmental Services	Commissioner Jordan Scheff
Department of Energy and Environmental Protection	Michael Li
Department of Labor	Commissioner Kurt Westby
Department of Mental Health and Addiction Services	Kim Karanda
Department of Transportation	Phil Scarozzo
Office of Early Childhood	Elena Trueworthy
Office of Healthcare Strategy	Vicki Veltri
Office of Policy and Management	Undersecretary Mark Pelka
	Undersecretary Anne Foley
Supportive Housing Works	David Rich, CEO
Connecticut Coalition to End Homelessness	Richard Cho, CEO
Connecticut Health Network	Sylvia Kelly, CEO
Connecticut Hospital Association	Carl Schiessl
Connecticut Nonprofit Alliance	Gian-Carl Casa, President and CEO
Corporation for Supportive Housing	Christi Staples Director, New England
Mental Health CT	Luis Perez, President and CEO
Partnership for Strong Communities	Kiley Gosselin, Executive Director
United Way of CT	Rick Porth

*Leadership of participating entities may elect to appoint a designee

Department of Public Health
Department of Housing
CT Housing Finance Authority

Commissioner Renee Coleman-Mitchell
Deputy Commissioner Shante Hanks
Terry Nash

Task Force Members Absent

Department of Social Services
Department of Economic and Community
Development

Commissioner Deidre Gifford
Commissioner David Lehman

I. Call to Order – Lisa Tepper Bates called meeting to order at 10:36 AM

A motion to approve minutes was made and seconded. Minor corrections were proposed. Revised minutes approved unanimously.

II. Using data to target coordinated services: successful efforts in CT and across the nation

Ms. Bates noted that the bulk of the Task Force meeting for the day would be dedicated to three presentations from experts to create for the Task Force a shared understanding of the opportunities that exist to data match and coordinate services, based on successful experiences in Connecticut and nationally.

Presentation 1: National Governor’s Association High Need Adult Member Initiative under the CT Behavioral Health Partnership: presentation by Robert Plant, Ph.D. & Laurie Vanderheide, Ph.D., Beacon Health. (Slides attached)

This is a four-year data-match effort that shares similarities with intention of committee, focused on improving services to the Medicaid population to improve client quality of life and outcomes and to reduce costs. The Behavioral Health Partnership is a joint effort of DSS, DCF, and DMHAS to provide utilization management, care management, quality and performance improvement to support state agencies to improve outcomes of households served. National research has shown that 5% of Medicaid consumers are responsible for 50% of total Medicaid costs, reinforcing the idea that specific attention to a small group of “super utilizers” may yield important progress with regard to containing costs. One lesson learned: it’s important to be clear about methodology and approach to define “high need.” The project focused on identifying a high-utilization cohort and delivering more intensive, coordinated care services including peer support to improve outcomes and reduce utilization. Social determinants of health play an important role: 62% of population were homeless in past year, 45% reported significant housing barriers, 22% reported moderate barriers to housing.

Evaluation of Effectiveness -- Hypothesis: fewer ED and inpatient services, higher rates of timeless connection to follow-up care, shift in spending away from intensive and towards primary/community care, and improvement in acuity. Mixed results: Intervention group had greater improvements in ED use and inpatient stays, connection to services, decreased acuity scores, and improved access to rehab

services. Housing status improved. Control group had greater decreases in inpatient treatment and cost (consistent with the fact that most households will demonstrate improvement in utilization of services and cost over time regardless of intervention). Key Finding: peer involvement was highly statistically significant factor leading to increased outcomes. Commissioner Westby noted that the study didn't appear to exhaust unemployment as factor and literature indicates strong correlation. Dr. Plant agreed, citing the fact that BHP only had access to a small subset of data, and did not have DOL/employment data to integrate into project. There was a clear opportunity to integrate additional data sets to ensure holistic understanding of client situation. Example: individuals who become incarcerated and therefore not accessing Medicaid services would not appear as high utilizers.

Presentation 2: Effectiveness of supportive housing for families in the child welfare system, Dr. Anne Farrell, Ph.D., Director of Research at Chapin Hall (Slides attached)

Stable, safe housing is a critical determinant of child and family well-being. Individuals born into poverty experience very little control over housing options, quality, and stability. Housing instability and homelessness are linked to disparate outcomes across systems and such disparate outcomes are drivers of inequity. Supportive Housing for Families (SHF): CT began model of supportive housing for families in 1998 as a primary strategy to preserve and/or reunify families with DCF-involvement. 20-year partnership between DCF (funds program, refers clients, coordinates services) and The Connection, Inc. to provide clinical assessment, housing searches, temporary subsidies, and intensive case management. CT DOH provides housing vouchers and Chapin Hall/UConn serve as evaluators to study program implementation, process, outcomes, etc.

Logic: hierarchy of needs, address basics before higher order needs, housing as a platform for other interventions. Research questions: can effectiveness of the supportive housing for families model be demonstrated? What are the essential components of effectiveness? Can cost savings accrue within and across system?

Pilots at five demonstration sites (including Connecticut) juxtaposed comparison groups: in Connecticut, comparison included Business As Usual (BAU), Project SHF, Intensive SHF (took existing model and provided additional services). The target population showed high rates of intergenerational challenges, including cycles of abuse/neglect and homelessness/housing instability.

Documentation of success: 4/5 elements of contract effective, significant differences between both treatment groups and BAU from 12 months forward, although costs of BAU and SHF were roughly equivalent. Outcomes/Impact: roughly twice as many children were removed from households in BAU than SHF, roughly half of children were reunified in BAU compared to SHF. Dr. Farrell noted that this level of impact in child welfare systems is rare.

Lessons learned: superior outcomes at similar cost, higher "dosage" of case management produces marginal benefit, and housing screening tool is critical to identify housing concerns, power of administrative data and opportunity to leverage additional data with program data to illustrate

experience of families and outcomes. Early and better targeting using data can achieve better outcomes and secure cost savings.

Presentation 3: Additional experiences from across the nation: presentation by Christi Staples, Corporation for Supportive Housing, and Richard Cho, Ph.D., Connecticut Coalition to End Homelessness (Slides attached)

Christi Staples noted that communities are spending billions to bounce high utilizer households between services. Models exist to break cycle, reduce costs, and improve household outcomes. Data can be used to drive policy change, apply pilots and innovation to drive change in CT. Several national examples point the way, including Connecticut's own FUSE and SIF programs, which intervene at the intersection of homelessness and incarceration and high Medicaid costs, respectively. FUSE Key Learnings from national experience: utilize triage tool at first point of engagement, build collaboration between hospitals, federal qualified health centers, and homeless services, and include peer specialists as part of service team to yield decrease in ED visits, inpatient admissions, and inpatient days.

Richard Cho noted that there are three ways to identify high utilizers or potential high utilizers: cost; utilization (definition varies); predictive algorithms. There are some cautions to be observed. Administrative data is limited and never illustrates full picture but may be best tool to identify high need households. Identify who may be missing given limitations of data. Cost utilization may also include high need, high cost households where cost reduction may not be appropriate (ex: households with a high-cost medical condition). Question of past behavior always being a strong predictor of future behavior, look for patterns not spikes in use. Use of multi-system approach could reduce likelihood that low cost households in one system will be missed when costs spike in another. Important to use successful pilots to take intervention to scale and lead systems change. Pilots can "shine light on" fissures/fractures of service delivery system, use as exaggerative case to illuminate challenges, look holistically as households vs. through specific-system lens and develop multi-system tools to achieve budgetary savings/cost offsets and improve household outcomes. Intention should be to begin with a pilot, but not end there.

III. Update on Task Force's 500 Frequent Multi-System Frequent User Pilot

- a. Update on data match: Lisa Tepper Bates, Office of the Governor noted that there had been good discussions with state agency partners and the team was close to a solution to execute the pilot multi-system data match.
- b. Collaboration with OEC Skylight Project: Rachel Leventhal-Weiner, OEC, noted that cross-agency digital service delivery is a focus of the OEC Preschool Development Grant and work under the grant currently being executed by Skylight. The objective is to work with other agencies to provide responsive, proactive way to cross-match administrative data, and move away from singular, landmark data match without sustainability mechanism. As part of their work and in tandem with the Task Force pilot, Skylight will deliver a Data-sharing playbook to define mechanism for sustainable, ongoing, regular data matching. At the same time, Skylight will also undertake a study of the experience of families with children under six who seek to access supports and services in

Connecticut. That study will help to inform the pilot service delivery model for families among the 500 high utilizer households.

c. Discussions with possible research/evaluation partners: David Rich noted that discussions continued in a positive direction with experts at Yale School of Public Health and the Yale Program for Recovery and Community Health who had expressed interest in supporting the pilot.

IV. Next Steps -- David Rich flagged the fact that the Task Force should push to be thoughtful and intentional, but still retain a sense of urgency to not “get in our own way.” Push hard to identify best partners, best model. The homeless response system often has the housing resources, but there is a consistent challenge in identifying needed wrap-around services. Opportunity for interdepartmental partnership to actualize all the opportunity for care coordination across state departments. Service Subcommittee being formed, plea for members of Taskforce to volunteer to participate – the chairs will be reaching out to follow up. DOH Deputy Commissioner Shante Hanks noted the importance of quantitative and qualitative data, and a focus on questions regarding disproportionate rate of white men, and think about outreach/engagement efforts of studies to ensure people of color, women, and other populations are included so that anecdotal knowledge of challenges can be represented in the data/evaluation efforts.

V. There being no other business, the Task Force adjourned at 12:10 p.m.